

The OzBoy File

The Truth About Vaccines Drug Companies Don't Want You To Know



Like sheep being led to slaughter, people are following the advice of medical pundits as though they are gods with divine intellect.

Why is it that so few dare even question what's in a shot before allowing a doctor to jab you with a needle? - Greg Ciola

**Written
By**

Lloyd T Vance & Steve Johnson

The Truth About Vaccines Drug Companies Don't Want You To Know

"Even if all the experts agree, they may well be mistaken."
--Bertrand Russell



"Do Not Take Any Vaccinations. This is the standard deceptive way you are given the Establishment's Biological Warfare infections."

-- Dr. William D. Kelly



MEDICAL FASCISM

Freedom Collective™ Is a group of like minded people dedicated to seeking peace and truth in a world of lies and deceit.

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The Truth About Vaccines Drug Companies Don't Want You To Know

Prefix

Introduction

Chapter 1 – Scurvy Mortality

Chapter 2 – Typhoid & Scarlet Fever – Mortality UK, USA & Australia

Chapter 3 – Measles Mortality UK & USA

Chapter 4 – Mumps Mortality – England & Wales

Chapter 5 – Rubella Mortality – England and Wales

Chapter 6 – Mortality, Life Expectancy, Healthcare Costs UK, USA and Worldwide

Chapter 7 – Mortality USA and UK

Chapter 8 – Disease Mortality UK, USA & Australia
Mortality Measles, Scarlet Fever, Whooping Cough,
Typhoid, Diphtheria, Influenza, Pneumonia &
Tuberculosis

Chapter 9 – Diphtheria Mortality – England, USA &
Australia Whooping Cough (Pertussis) Mortality Rates –
UK, USA & Australia

Chapter 10 – Tetanus Mortality – England & Wales 1901 to 1999

Chapter 11 - Smallpox Mortality – UK, USA & Sweden

Conclusion

TOP Secret

THE MEDICAL MAFIA

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"They are running a monopoly and they will lie, cheat and steal to keep it that way."---Dr Eva Snead

Mafia is an Euphemism for Psychopathic.

This group of psychopaths runs Allopathy.

Known as IG Farben in Germany which merged with Rockefeller (the creator of Allopathy Inc) before the war.

Only the top people in Allopathy know the whole truth on Allopathic medicine, and covert-vaccine agendas.

Most visible entity would be the AMA whose antics over the years make Pol Pot look like a choir boy

(He, incidentally, was funded by the CIA) That's the United States of America CIA.

They run the typically Mafia huge extortion scheme known as the DISEASE PROTECTION RACKET.

It is also the main foundation of the Matrix mind control as Fear of Disease in the first world is the main fear of Fear Inc.

Best expose in book form is The Medical Mafia by Guylaine Lanctot, M.D., Naked Empress by Hans Ruesch & The Drug Story by Morris Beale.

How the Drug Trust took over medicine can be read in Murder By Injection by Eustace Mullins.

How they suppressed Homeopathy can be read in Divided Legacy Vol 3: by Harris L. Coulter.

Suppressed or ignored dozens of disease cures in cancer, AIDS, Alzheimer's, cot-death, infections, arthritis, heart disease etc, as this Tyrant runs on Power & money fuelled by fear of disease, propaganda & it's covert monopoly.

Ego denial helps keep her in power.

This Empress when naked is Satanic (vaccination: 666) & run by psychopaths.

One of the main money sources for the Elite, hence its power.

Just like most soldiers have no idea about the real reasons for wars like Iraq, most medical workers have no idea Allopathy is run purely for profit, and is out to harm and kill--- most of these people are not ready to be unplugged and many are so hopelessly dependent on the system, they will fight to protect it.

To see its true nature exposed see one of its main
rackets -- Cancer.

Allopathy

Assassinations

Books revealing the medical conspiracy

Stealing

Cartel shills

Experts

Monopoly quotes

Mind Control

Leading cause of death through iatrogenic disease

Main control play: Fear of Disease

Suppress alternatives

Persecuted doctors

Profits first

Medical Hoaxes

Natural Healing

Covert vaccine agendas

Vaccine Disease Racket quotes

One drug to cause, another to treat

Drug vaccine deception

Treatment of vaccine victims

Child experiments

Human Experiments

Human Experiments timeline

Laetrile

See: Allopathy Inc personality profile Lying repeatedly
without remorse, knowingly cheats to win, takes
advantage of "suckers," tells other what they want to
hear, knowingly cheats to win, dishonest.

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Lacking any remorse or guilt, Acting in a conning or manipulative way, Displaying signs criminal diversity, dishonest, vengeful, pitiless, intimidating and bullying, fear-mongering, amoral, manipulative, exploitive, specializes in creating false images to sell self, dominating.

[2010 Jan] Naked Intimidation: The Wakefield Inquisition is Only the Tip of the Autism Censorship Iceberg By Mark F. Blaxill

The Truth About the Rockefeller Drug Empire: The Drug Story By Hans Ruesch

GANGSTERS IN MEDICINE By Thomas Smith

[2003] Depopulation and HIV by Jon Rappoport

"The medical cartel, at the highest level, is not out to help people, it is out to harm them, to weaken them. To kill them.

At one point in my career, I had a long conversation with a man who occupied a high government position in an African nation.

He told me that he was well aware of this.

He told me that WHO is a front for these depopulation interests."--Jon Rappoport interview

"The medical monopoly or medical trust, euphemistically called the American Medical Association, is not merely the meanest monopoly ever organized, but the most arrogant, dangerous and despotic organisation which ever managed a free people in this or any other age.

Any and all methods of healing the sick by means of safe, simple and natural remedies are sure to be assailed and denounced by the arrogant leaders of the AMA doctors' trust as fakes, frauds and humbugs.

Every practitioner of the healing art who does not ally himself with the medical trust is denounced as a 'dangerous quack' and impostor by the predatory trust doctors.

Every sanitarian who attempts to restore the sick to a state of health by natural means without resort to the knife or poisonous drugs, disease imparting serums, deadly toxins or vaccines, is at once pounced upon by these medical tyrants and fanatics, bitterly denounced, vilified and persecuted to the fullest extent"---J.W Hodge, M.D

A large part of this medical disaster that the United States currently experiences is due to the way our medical community is organized.

Basically it is not organized to heal and to cure disease the medical community, particularly at its upper levels, is a commercial venture organized to make money for its practitioners.

The Cardiac surgeon, for example, does nothing whatsoever to cure cardiac disease.

Three to five percent of the heart surgery patients die on the operating table.

Cardiac surgery provides no better three year survival rate than no treatment at all.

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A Harvard survival study of 200,000 patients revealed that the long term survival rate of patients subjected to surgery was no better than the survival rate of those that had no surgery.

GANGSTERS IN MEDICINE By Thomas Smith

1935 The Pellagra Incident.

After millions of individuals die from Pellagra over a span of two decades, the U.S. Public Health Service finally acts to stem the disease.

The director of the agency admits it had known for at least 20 years that Pellagra is caused by a niacin deficiency but failed to act since most of the deaths occurred within poverty-stricken black populations.

A History Of US Secret Human Experimentation

End Of TOP Secret Information

Conspiracy Theory?

Its all not true?

Your just wearing a Tin Foil Hate?

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"We The People Say Stop Killing US"

Forget about your Mainstream Media – CIA MK Ultra Brainwashing the above information PROVES there is a secret agenda which all Western Zio – Fascist Governments have signed onto, and being controlled by **"Evil Forces"**

The Truth About Vaccines Drug Companies Don't Want You To Know

Prefix

The United States Government which is controlled in part by the Big Drug Companies have been using vaccines and what they put into them to control the populations of their country for years.

This was a pretty well known fact, but it wasn't until Steve Johnson and myself started South East Asia News.org and did up a few stories about Vaccines & Viruses and come across this first hand story which forms the basis of proof now the USA Government, Military and CIA and other US Depts and Agencies we now have the evidence.

Alaskan Source of Deadly Flu Viruses

http://southeastasianews.org/flu_pandemic_source_revealed.html

SPECIAL EXCLUSIVE REPORT by Robert S Finnegan - Former Editor of the Jakarta Post For Immediate Release:- 5th May 2009

Swine Flu - Profits From Pandemics

http://southeastasianews.org/archive_swineflu_pandemic_profits.html

SPECIAL EXCLUSIVE REPORT by South East Asia News Reporter: Ozboy and Steve Johnson For Immediate Release:- 30th April 2009

HIV tainted medicines sold to Australia?

http://www.australiamatters.com/bayer_hiv.html

Pharmaceutical drug supplier 'Bayer' deliberately sold HIV tainted medicines onto the global market!

Cancer-Causing Vaccines, Polio, AIDS, and Monkey Business

http://www.rense.com/general54/Cancer-causing_vaccinesR.htm

The Global Polio Eradication Program, supported by the United Nation's World Health Organization (WHO), UNICEF, Rotary International, and the U.S. Centers for Disease Control (CDC), is planning to immunize 74 million African children in 22 countries in the coming months.

The purpose is to stem a wild polio epidemic, the epicenter of which is oil-rich Nigeria, the most populous country in Africa.

The vaccine program hit a snag last Fall when Islamic clerics in the predominantly Muslim-populated areas of northern Nigeria claimed the WHO program was a plot by westerners to depopulate the area.

Laboratory tests revealed estrogen and other female sex hormones in the polio vaccine, proof that the vaccines were contaminated with substances that could cause sterility.

Furthermore, Nigerian officials became aware of internet reports suggesting the WHO vaccine might be contaminated with HIV (the AIDS virus) and other cancer-causing viruses.

African blacks are as suspicious of government vaccines programs as American blacks.

A 1990 survey of African-Americans in New York City showed 30% believed AIDS is an ethno-specific bioweapon designed in a laboratory to kill black people.

Vaccine Contamination: Pig Virus DNA Found in Rotarix

<http://vaccineawakening.blogspot.com/2010/04/vaccine-contamination-pig-virus-dna.html>

On March 22, 2010, Food and Drug Administration (FDA) officials adhering to the precautionary principle advised American doctors to suspend use of Rotarix vaccine until the agency finds out why DNA from a swine virus (porcine circovirus 1 or PCV1) was found in the live rotavirus vaccine.

The FDA said there is “no evidence at this time” that the vaccine manufactured by GlaxoSmithKline and given to babies at 2,4 and 6 months of age to prevent diarrhea poses any safety risk.

Independent Lab Using New Technology Found Contamination

The discovery that viral DNA is contaminating Rotarix vaccine was made by a team of scientists at an independent research lab in San Francisco, California, where they used new technology to detect fragments of viral genetic material in vaccines using genetic sequencing.

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More testing confirmed that many copies of DNA from the pig virus were present in all Rotarix vaccine lots released since the vaccine was licensed in 2008 because the pig virus DNA also contaminated the working cell bank and the original viral “seed” stock, from which Rotarix vaccine was first produced.

Two Other Live Virus Vaccines Contaminated

The surprising discovery reportedly was made after the independent lab used new technology to evaluate the purity of eight live virus vaccines for polio, rubella, measles, yellow fever, human herpes 3 (varicella or chicken pox), rotavirus (Rotarix and RotaTeq) and MMR.

In addition to pig viral DNA found in Rotarix vaccine, low levels of DNA fragments from avian (bird) leukosis virus (a retrovirus) was found in measles vaccine and DNA fragments of a virus similar to simian (monkey) retrovirus was found in RotaTeq vaccine.

Introduction

Since the first mandatory vaccination law was passed in the U.S. (1903), the belief in vaccination has been promoted by a pro-vaccine government, a pro-vaccine school system and a pro-vaccine western allopathic medicine industry.

The Government

The U.S. government is the largest purchaser of vaccines in the country.

In fact, nearly 30 percent of the Centers for Disease Control's (CDC) annual budget is composed of purchasing vaccines and ensuring vaccination is completed for every child in the country.

Laws have been passed to protect vaccine manufactures from liability while at the same time, state laws require parents to inject their children with up to 100 vaccination antigens prior to entering school.

If a vaccine injury – or death – occurs after a vaccine, parents cannot sue the doctor, the drug company or the government they required to petition the Vaccine Court for damages, which can take years and is often denied.

The Schools

Each state has school vaccination laws which require children of appropriate age to be vaccinated for several communicable diseases.

State vaccination laws mandate that children be vaccinated prior to being allowed to attend public or private schools.

Failure to vaccinate children can result in children being denied from attending school, civil fines and criminal penalties against their parents or guardians.

What schools don't tell parents is that in every state, an exemption exists allowing parents to legally refuse vaccines and allowing children to attend school.

The Medical Industry

The medical industry advocates vaccines, often demanding that parents vaccinate their children or be dismissed from the medical practice.

A sizable portion of a pediatrician's income is derived from insurance reimbursement for vaccinations.

The ever-expanding vaccination schedule that includes increasingly more expensive vaccines has been a source of increased revenues for vaccinating doctors.

Unfortunately, many doctors have not read the package insert for the vaccines which they so readily inject into their little patients.

They are not aware of the full range of chemicals coming through that needle.

As a parent, grandparent, aunt, uncle, brother, sister or legal guardian you have the right to know and to choose.

Parents are busy.

They don't have time to spend hundreds of hours researching the medical literature about problems associated with vaccines.

Saying No To Vaccines does the work for you.

First 26 minutes Volume one of Tolerance Lost - a 3 DVD disk (6 hours run time) series that provides the conclusive proof causation evidence that all vaccines, as currently constituted and deployed, cause impaired blood flow, blood sludging, and tissue damages to all organs including hypoxic (low oxygen delivery) brain damages.

<http://video.google.ca/videoplay?docid=-3296758102537633637&hl=en#>

If you were informed that mercury in vaccines might double the risk of your son developing motor tics, increase his risk of "phonic tics" by nearly two-and-a-half times.

And possibly cause speech, attention or behavioral problems in school, would you still allow him to be injected with the heavy metal -- which, by the way, is 100 times more neurotoxic than that lead coating on his Chinese toys?

And what if your government's most trusted public health agency, the CDC, announced it had funded a study that replicated the findings of a 2003 CDC analysis, which also detected an association between vaccine mercury and tics, and that researchers were now suggesting "the potential need for further studies" between thimerosal and the neurological disorder?

And what if the investigators also said they detected a small but statistically significant association between early thimerosal exposure and impaired "behavioral regulation" in boys?

Or what if they said that increased neonatal exposure (28 weeks or younger) was associated with "significantly lower scores in verbal IQ scores in girls," and "significantly poorer performance" in articulation tests among all children?

And what if the authors further noted that speech problems were also found in the 2003 CDC study, where they said thimerosal exposure was associated with "an increased risk of language delays" at one test site?

Finally, what if those same authors claimed that their findings "suggest a possible adverse association between neonatal exposure to mercury and language development?"

An 8 pound baby injected with the hepatitis B vaccine at birth is exposed to 35 times the EPA daily safety level for mercury, (calculated by bodyweight) while a 4 pound infant is slammed with 70 times the EPA level.

Boys who received the highest amounts of thimerosal in the first seven months of life are determined by evaluators to be 2.19 times more likely to have motor tics at age 7-10 years, and 2.44 times more likely to have phonic tics, than boys with the lowest exposures.

Any relative risk between exposure and outcome that exceeds 2.0, incidentally, is considered to be proof of causation in US courts of law.

The Encyclopedia of Mental Disorders defines "simple" motor tics as "brief, meaningless movements like eye blinking, facial grimacing, head jerks or shoulder shrugs," that usually last less than a second.

It says that "complex" motor tics cause slower, longer, more intense movements, "like sustained looks, facial gestures, biting, banging, whirling or twisting around, or copropraxia (obscene gestures)."

On the phonic side, "simple" tics are called, "meaningless sounds or noises like throat clearing, coughing, sniffing, barking, or hissing."

Complex phonic tics include, "syllables, words, phrases, and such statements as 'Shut up!' or 'Now you've done it!'

The child's speech may be abnormal, with unusual rhythms, tones, accents or intensities."

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There is also the "echo phenomenon," (so familiar to autism parents) characterized by "the immediate repetition of one's own or another's words."

Coprolalia, meanwhile, is a tic "made up of obscene, inappropriate or aggressive words and statements."

Severe behavioral problems are sometimes associated with tics, as well, and "there is some evidence that temper tantrums, aggressiveness, and explosive behavior appear in preadolescence and intensify in adolescence."

Finally, many children with both phonic and motor tics are diagnosed with Tourette's disorder, which frequently causes "aggressiveness, self-harming behaviors, emotional immaturity, social withdrawal, physical complaints, conduct disorders, affective disorders, anxiety, panic attacks, stuttering, sleep disorders, migraine headaches, and inappropriate sexual behaviors," the Encyclopedia says.

(Interestingly, Tourette's disorder is three-to-four times more common in males than females, the same ratio as autism, ADD and ADHD).

Now, if "simple" tics include head jerks and barking; and "complex" tics can entail biting, banging and screaming obscenities and if thimerosal can more than double the chance of tics in boys then Atlanta, we have a very big problem.

It's perplexing that the CDC can report replicating a doubled risk for tics in boys, and an increased risk for speech disorders and attention and behavior problems in other kids, and still insist that this is all "very reassuring news."



We believe vaccines are the greatest contribution to public health because we believe they prevent the spread of infectious disease we believe vaccines eradicated smallpox and polio in the western world.

We have been so thoroughly conditioned to believe that vaccines work we have never questioned how, or **IF**, they really do work.

Polio Redesignated

We are told that polio has been 'beaten' in most countries by a vaccine when all they have done is given the symptoms other names.

Staggering, yes, but true.

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All these scams and others caused the official figures for polio to fall dramatically and the credit was given to the vaccine when, in truth, cases of infantile paralysis were actually growing rapidly - doubling between 1957 and 1959.

Under the guise of public health, genocidal agendas are being facilitated all over the world, often at gunpoint, through the mass and mandated delivery of vaccines, toxic chemical pesticides, herbicides, pharmaceutical drugs, fluoride, mercury, processed foods and contaminated water.

Two-hundred years of historical evidence and published medical literature support the following theses: -

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1. Vaccines cause, rather than prevent the spread of disease.
2. Vaccines prepare the body for infertility, chronic illness, behavioral/neurological disorders and/or sudden death.

Regardless that the first mass vaccination program, using Edward Jenner's smallpox vaccine in England, was officially declared a public health disaster by a Royal commission in 1896, the vaccine myth has survived.

Today there are vaccines for many diseases and they contain the most toxic substances on earth.

Among them are ethyl mercury, aluminum, formaldehyde, live and dead viruses cultured in animal tissue and aborted human fetal tissue, phenols, monosodium glutamate, aspartame and ammonium sulfate.

It is not uncommon for children to receive several vaccines in one day.

It is, therefore, not uncommon for them to have injected into their bodies up to 60 times the safe allowable limit of mercury-the most toxic non-radioactive substance known to man.

If the public were fully informed of all the ingredients that go into flu shots, there would be a mass outrage against them.

Unfortunately, your doctor will not tell you anything about this.

The news media will not report the truth about these contaminants.

The Centers for Disease Control is concealing data.

Pharmaceutical companies don't properly warn consumers.

Mass retailers pushing the shots don't care even after being warned about the potential dangers of administering vaccines.

Churches across America think they are doing a service for the Lord by telling their congregants to go out and get a shot and have their churches being used as distribution outlets.

The theory is that small amounts of disease matter introduced into the body will enter the blood, creating antibodies that prevent the proliferation of the disease's wild form, thus preventing one from contracting the disease against which he has been vaccinated this process allegedly creates an artificial immunity to the disease.

Another deception perpetuated by the vaccine cartel is that the flu shot contains inactive or dead viruses.

If these viruses were completely inactive, then the shot would never stimulate an immune response.

The flu shot contains "attenuated" virus.

Attenuated means half-killed.

The infectious agent is weakened so that it is just below the threshold of being able to trigger an inflammatory response in 99% of people.

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By allowing the implantation of an attenuated virus or bacteria into the body, we have done something nature would never permit.

We have violated the sanctity of the bloodstream.

We have tricked the immune system into not mounting an all-out response to a foreign agent.

If the vaccine's microorganisms were not attenuated, the powers of the natural immune system would join together to repel and attack the invader.

Theoretically if the entire virus is killed it shouldn't infect you when the nurse injects it into your body.

How do scientists attempt to kill the virus?

They mix it with formaldehyde, a dangerous carcinogen, and other poisons, such as ethylene glycol (antifreeze), a kidney destroyer.

Formaldehyde is classified as a toxic, colorless, water-soluble gas, which has a suffocating odor.

It's used predominantly in embalming fluid and vaccines as a disinfectant and preservative.

Because scientists breed bacteria and virus strains in such nasty things as rotten eggs, sheep guts, monkey brains and fetal diploid tissue (minced aborted babies), they have to preserve it.

The cheapest way is thimerosal, a mercury derivative that is a highly toxic heavy metal that attacks every organ and system in your body.

Mercury is strongly implicated in Alzheimer's disease and the epidemic of autism in vaccinated children.

To make thimerosal, scientists start with elemental mercury.

Then, they hop it up 1,000 times by converting it to ethyl mercury.

Then, they add aluminum to the the vaccine that has a synergistic effect with the mercury, causing it to be 10,000 times more toxic than elemental mercury.

Mercury is used to sterilize the flu vaccine.

Consider This Insanity: Researchers tell us that it's unsafe to touch or swallow the mercury from a broken thermometer yet it's perfectly acceptable to inject the same poison directly into your body through a vaccine.

How is the human body supposed to build immunity by being exposed to neuro-toxic poisons like mercury and formaldehyde?

Don't worry.

Your doctor knows what's best for you!

Dr. Leonard Horowitz uncovered documents proving that the disease we know as AIDS was developed for the U.S. military by its chemical and biological weapons contractors.

The disease was intentionally delivered (free of charge) to the world in the late 70s.

Hundreds of thousands of Africans were infected with AIDS through contaminated smallpox vaccine; contaminated hepatitis B vaccine was given (again, free of charge) to gays and drug addicts in New York, Los Angeles and San Francisco.

The World Health Organization estimates that by 2020, AIDS will have killed 28.5 million Africans-a number greater than all the deaths from all wars in the last 100 years

Vaccines Did Not Save Us – 2 Centuries of Official Statistics

<http://childhealthsafety.wordpress.com/graphs/>

This is the data the drug industry do not want you to see.

Here 2 centuries of UK, USA and Australian official death statistics show conclusively and scientifically modern medicine is not responsible for and played little part in substantially improved life expectancy and survival from disease in western economies.

The main advances in combating disease over 200 years have been better food and clean drinking water.

Improved sanitation, less overcrowded and better living conditions also contribute.

This is also borne out in published peer reviewed research

“The questionable contribution of medical measures to the decline of mortality in the United States in the twentieth century”.

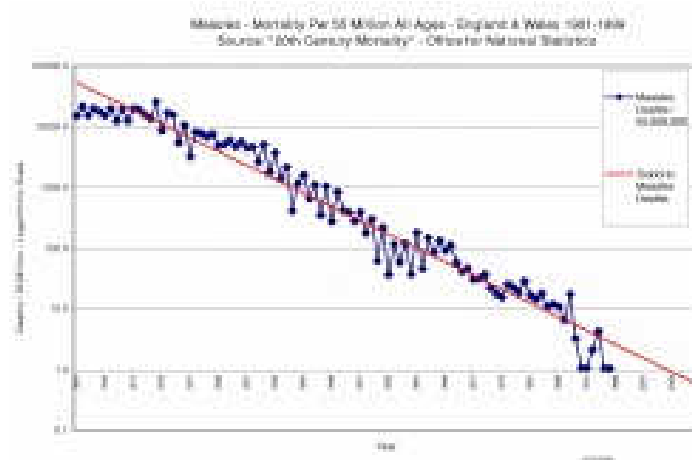
McKinlay JB, McKinlay SM, Milbank Mem Fund Q Health Soc. 1977 Summer; 55(3): 405-28.

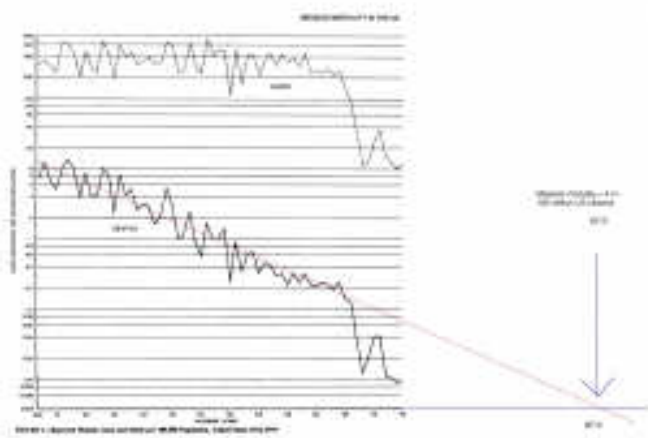
"Symposium: Accomplishments in Child Nutrition during the 20th Century. Infant Mortality in the 20th Century, Dramatic but Uneven Progress" Myron E. Wegman School of Public Health, University of Michigan: J. Nutr. 131: 401S–408S, 2001.

The Measles mortality graphs are enlightening [more below] and contradict the claims of Government health officials that vaccines have saved millions of lives.

It is an unscientific claim which the data show is untrue.

Here you will also learn why vaccinations like mumps and rubella for children are medically unethical and can expose medical professionals to liability for criminal proceedings and civil damages for administering them





The success of the City of Leicester, England was remarkable in reducing smallpox mortality substantially compared to the rest of England and other countries by abandoning vaccination between 1882 and 1908 [see more below].

This contrasts how the drug industry has turned each child in the world into a human pin-cushion profit centre.

The financial markets have known for 20 years and more the pharmaceutical industry's blockbuster patented drugs business model would eventually fail.

We now see the Bill Gates' type business model emerging – almost everyone has Windows software on their PC – almost everyone will be vax'ed.

Gates quickly became a multi-billionaire.

With vastly more people to vaccinate than computers requiring software the lure of money is many times greater.

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All this whilst we watch as childhood prevalence of asthma, allergies, autism, diabetes and more have increased exponentially as the vaccines have been introduced.

Can “vaccinatable” diseases “return” despite vaccination?

Yes.

If you are too poorly nourished your body is likely to lack essential nutrients needed to maintain its immune system sufficiently to withstand disease.

This will happen regardless of how many vaccinations you have had.

This was experienced in Eastern Europe following the collapse of the old Soviet Bloc and the economic chaos which ensued, leaving many in great poverty.

For the same reason vaccines do not “work” and “save” lives in impoverished African and other third world economies.

The majority of third world child deaths still occur despite vaccination.

These children need proper food, clean water to drink and wash in and sanitation.

We give them vaccines instead.

Note 15 Oct 2009 As information like that here has become available health officials are changing from scare mongering parents into vaccinating with claims their child could die.

Now they claim vaccinating reduces the numbers of cases of disease [ie. instead of deaths] and produce graphs of dramatic falls in reported cases (instead of deaths) when measles vaccine was introduced.

This is again misleading.

A dramatic fall in the numbers of reported measles cases would be expected.

Doctors substantially over diagnose measles cases especially when they believe it is a possible diagnosis.

Doctors were told the vaccine prevented children getting measles when introduced in the late 1960s so after that time a substantial reduction in diagnoses would be expected.

Examples of recent over diagnoses of measles when there are measles “scares” are proportionately up to 74 times (or 7400% over diagnosed).

Figures and sources follow the next paragraph.

What health officials are also doing is relying on very old and unreliable data which ignores that measles has become progressively milder so the risks of long term injury have diminished – (and death is the most extreme form of long term injury – shown here by official data to have diminished rapidly and substantially over the past 100 years without the risks posed to children’s health by vaccines).

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Measles Over Diagnosed – Up to 7400%

A. Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: October to December 2004

Notified: 474, Tested: 589†, Confirmed cases: 8
RATE OF OVERDIAGNOSIS:- $589/8 =$ proportionately
7400% or 74 times over diagnosed SOURCE: CDR
Weekly, Volume 15 Number 12 Published: 24 March
2005

[Note from Source: "†Some oral fluid specimens were submitted early from suspected cases and may not have been subsequently notified, thus the proportion tested is artificially high for this quarter."]

B. Total confirmed cases of measles and oral fluid IgM antibody tests in cases notified to ONS*: weeks 40-52/2005

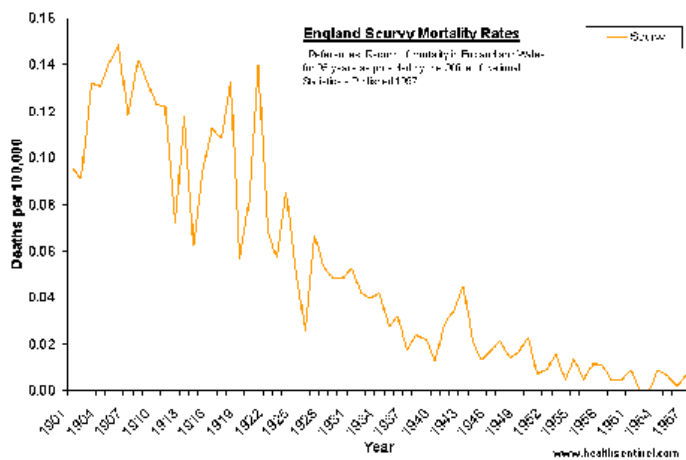
Notified: 408, Tested: 343, Confirmed cases: 22

RATE OF OVERDIAGNOSIS:- $343/22 =$ proportionately
1560 % or 15.6 times over diagnosed SOURCE: CDR
Weekly, Volume 16 Number 12 Published on: 23 March
2006

Chapter 1

Scurvy Mortality

To start you with something simple, Scurvy, Typhoid and Scarlet Fever are good examples to use as comparisons with “vaccinatable” diseases.



UK Scurvy Mortality Rates 1901 to 1967 – Published:
Roman Bystryanyk

Medicine and especially drugs and vaccines played no part in the fall in Scurvy death rates and the same can be seen for other diseases.

Scurvy is a condition caused by a lack of vitamin C. Poor nutrition, particularly a lack of fresh fruit and vegetables, can result in Scurvy.

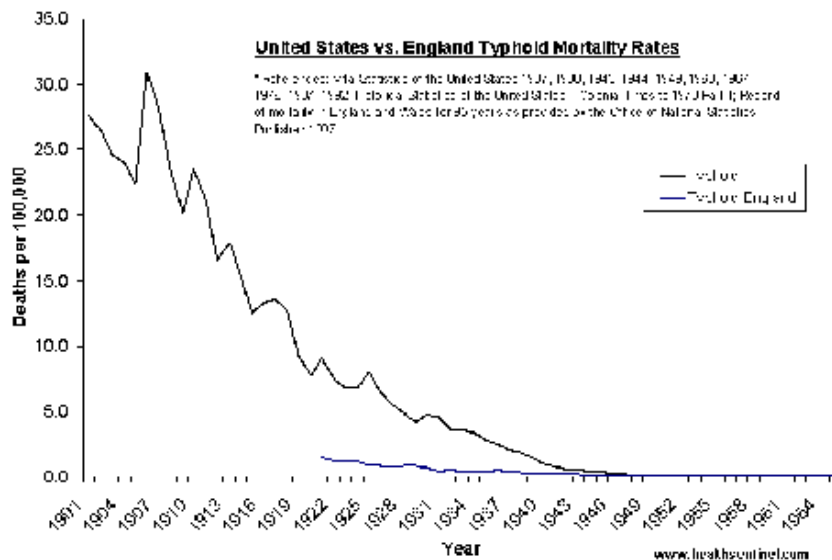
Mortality rates fell dramatically as living conditions improved.

Chapter 2

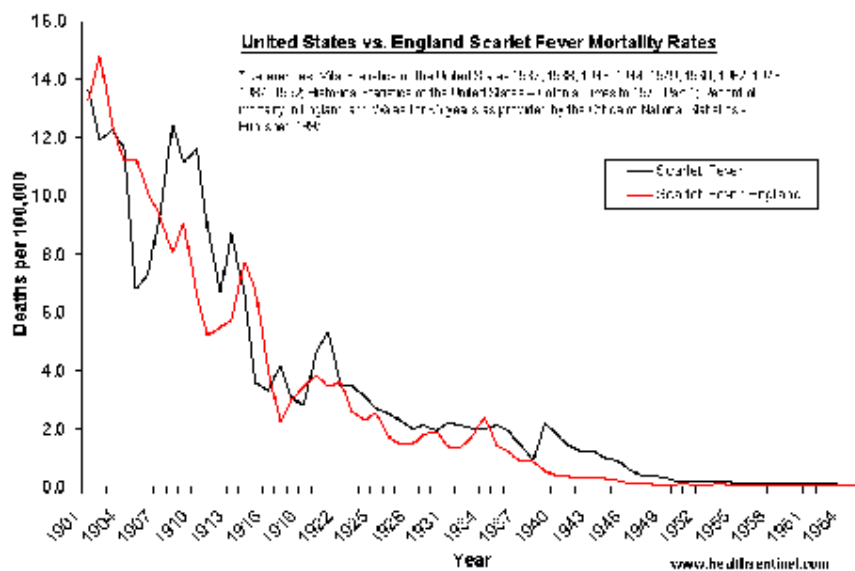
Typhoid & Scarlet Fever – Mortality UK, USA & Australia

Typhoid and Scarlet Fever vanished without vaccines but with clean water, better nutrition, sanitation and living conditions.

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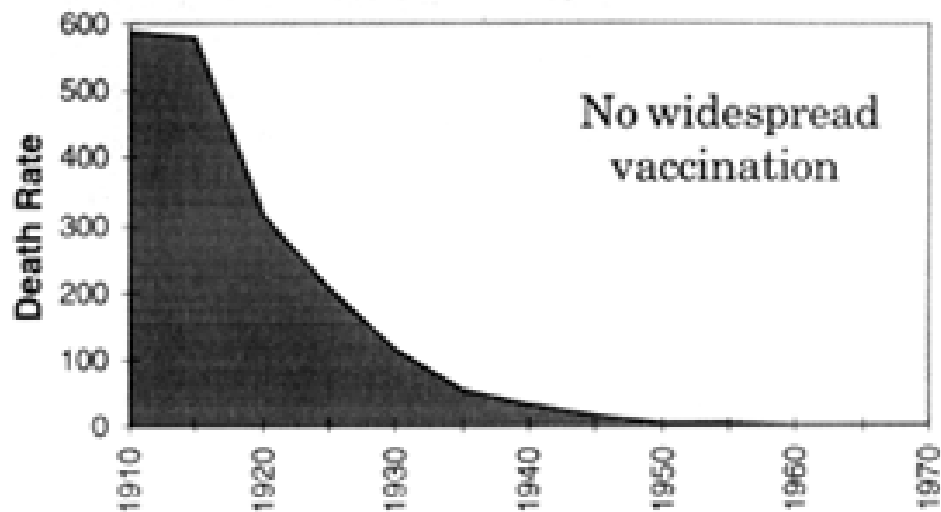
USA Compared to UK Typhoid Mortality 1901 to 1965 – Published: Roman Bystrianyk



USA Compared to UK Scarlet Fever Mortality 1901 to 1965 – Published: Roman Bystrianyk

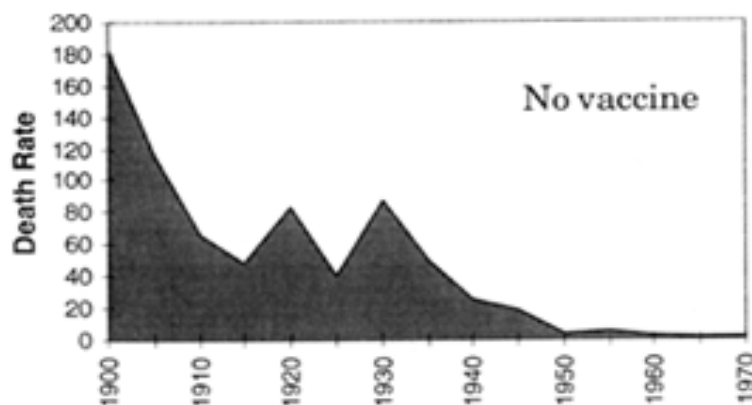
MEDICAL FASCISM

Typhoid Fever



Australia Typhoid Mortality Rates 1880 to 1970
 [SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book

Scarlet Fever



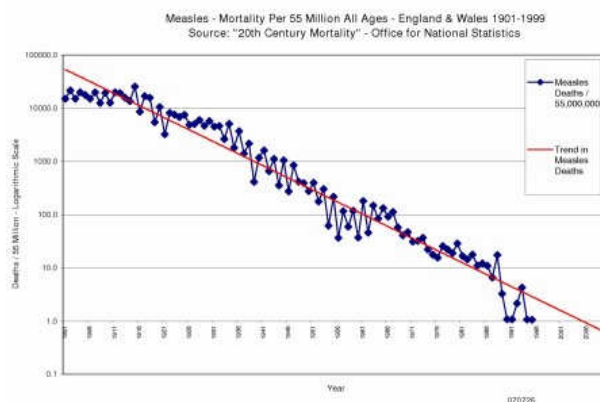
Australia Scarlet Fever Mortality Rates 1880 to 1970
 [SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book

Chapter 3

MEASLES MORTALITY UK & USA

By 2007 the chance of anyone in England and Wales dying of measles if no one were vaccinated was less than 1 in 55 million.

The chance of being struck by lightning is 30 to 60 times higher [Tornado & Storm Research Organisation](#)

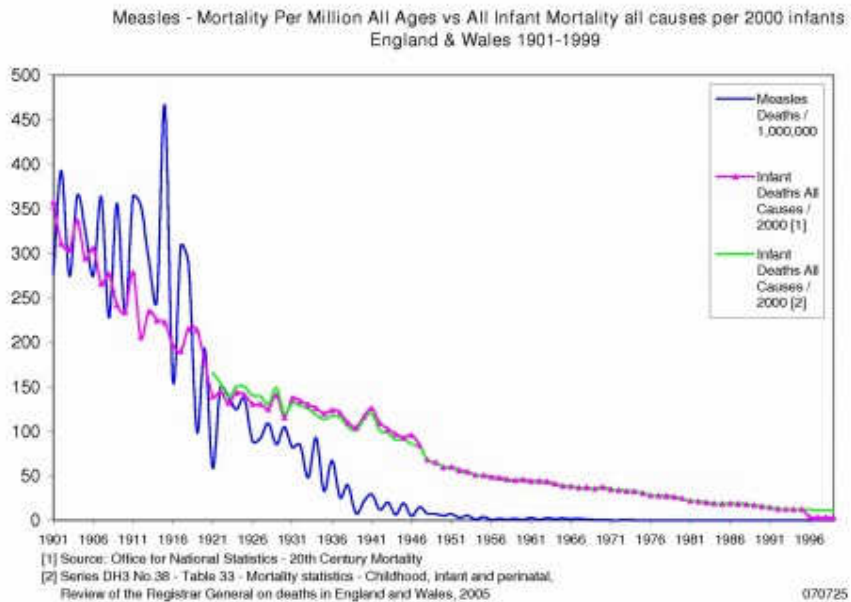


Measles Mortality England & Wales 1901 to 1999 –
Logarithmic Scale [By Clifford G. Miller - For Evidence in
the Dr Jayne Donegan General Medical Council
Hearings August 2007, Manchester, England

Note that what seem large fluctuations after MMR
vaccination was introduced in 1988 are not so large
and are a feature of plotting the graph on a
logarithmic scale.

This can be seen in the following graph, plotted on an
analog scale.

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Measles Mortality England & Wales 1901 to 1999 – Analog Scale – [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England

The graph below is from a peer refereed medical paper: Englehardt SF, Halsey NA, Eddins DL, Hinman AR. Measles mortality in the United States 1971-1975. Am J Public Health 1980;70:1166–1169.

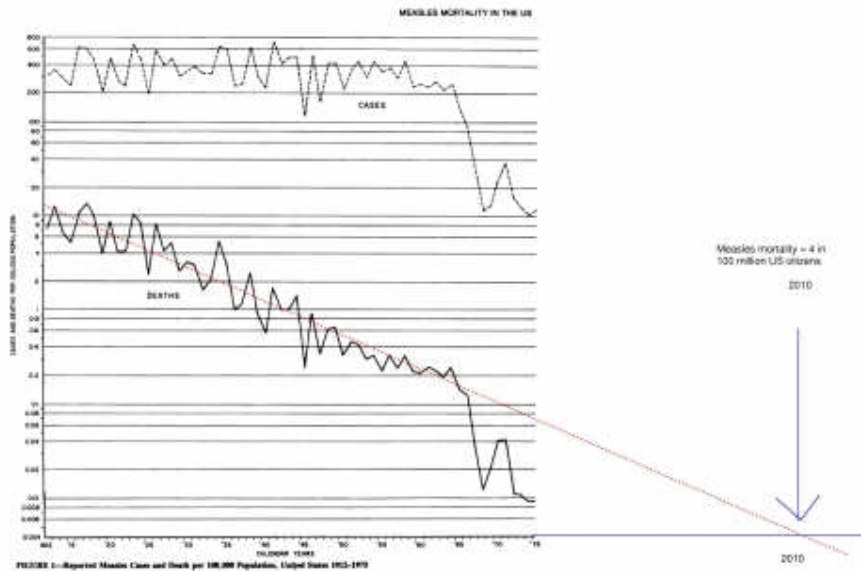
The red dotted trendline has been added.

This shows US measles mortality was falling regardless of whether vaccination was used.

By 2010 overall measles mortality in the USA was to fall to around 1 in 25 million without vaccines.

As the severity of measles declined, long term complications would also.

Whilst people still caught measles it was not the dreaded disease we are told it is today.



USA Measles Mortality 1912 to 1975 [Source: Measles mortality in the United States 1971-1975. Halsey et al, Am J Public Health 1980;70:1166–1169.

The seeming fall in reported ordinary [ie. non fatal] measles cases in the above Halsey graph after 1968 is misleading.

Doctors are poor in accuracy of diagnosis and follow fashions.

Official UK records for 2006 show that when doctors are looking for a disease, they overdiagnose suspected measles cases varying by 10 times to 74 times higher than is confirmed by laboratory testing: [74 times overdiagnosed SOURCE: CDR Weekly, Volume 15 Number 12 Published: 24 March 2005], [10 times overdiagnosed, CDR Weekly, PHLS 12:26], [15.6 times overdiagnosed, SOURCE: CDR Weekly, Volume 16 Number 12 Published on: 23 March 2006]

This following of fashions has been seen in other areas, including Coroner diagnoses of causes of death.



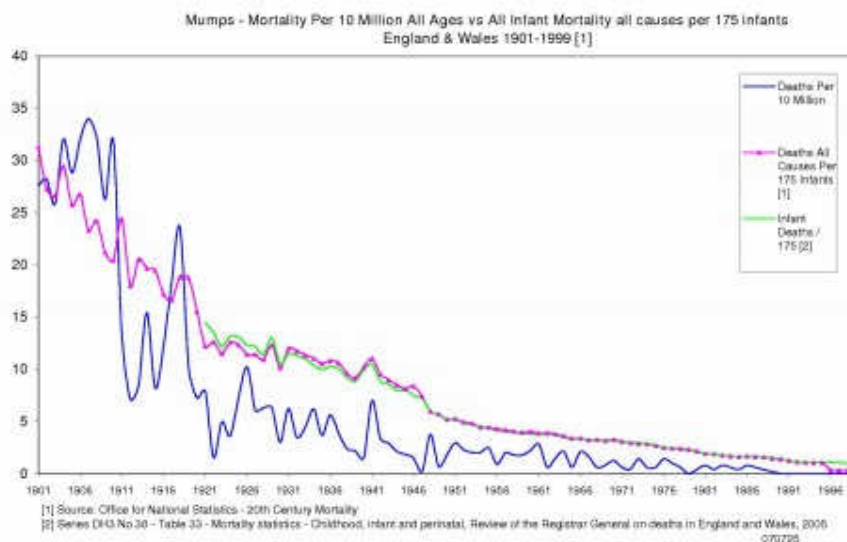
Australia Measles Mortality Rates 1880 to 1970

[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book

Chapter 4

Mumps Mortality – England & Wales

It is not exaggeration but accurate to state that mumps vaccination takes the medical profession firmly into the territory of the criminal law and unethical medical treatment of children.



Mumps Mortality England & Wales 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England

Providing treatment to a patient that is not clinically needed and misleading patients as to the clinical need for a treatment so as to vitiate their consent can mean the administration of the treatment is a criminal offence: *Appleton v Garrett* (1995) 34 BMLR 23.

According to The British Medical Association ('BMA') and The Royal Pharmaceutical Society of Great Britain (RPSGB) mumps vaccination is clinically inappropriate:-

"Since mumps and its complications are very rarely serious there is little indication for the routine use of mumps vaccine": British National Formulary ('BNF') 1985 and 1986

Freedom of Information documents show the UK's Joint Committee on Vaccination and Immunisation and Ministry of Defence agreed as early as 1974 that:-

"there was no need to introduce routine vaccination against mumps" because "complications from the disease were rare" JCVI minutes 11 Dec 1974.

Doctors and nurses who fail to tell parents mumps vaccine in MMR is clinically unnecessary, of the exact risks of adverse reactions and then give the vaccine appear to be behaving unethically, potentially in contravention of the criminal law and liable to civil proceedings for damages.

They are also unable to explain the exact risks because data on adverse reactions are not being collected properly or at all, and there is evidence showing adverse reaction data are suppressed.

A consequence is that giving MMR vaccine to children cannot be justified on clinical or ethical grounds.

And as there is insufficient clinical benefit to children to introduce mass mumps vaccination, it cannot be justified as a general public health measure.

And one consequence of this unnecessary measure is that we are now putting young male adults at risk of orchitis and sterility because they did not catch natural mumps harmlessly when children and because MMR vaccination is not effective in conferring full or lasting immunity across an entire population.

One effect of MMR vaccination has been to push mumps outbreaks into older age groups.

Mumps now circulates in colleges and universities:
Mumps and the UK epidemic 2005, R K Gupta, J Best, E MacMahon BMJ 2005;330:1132-1135 (14 May).

1 in 4 males who has achieved puberty and has not achieved immunity to mumps runs the risk of orchitis.

Orchitis (usually unilateral) has been reported as a complication in 20-30% of clinical mumps cases in postpubertal males.

Some testicular atrophy occurs in about 35% of cases of mumps orchitis: Mumps - Emedicine.

This means one of the male testicles shrivels up.

Affected men can become sterile in one testicle.

This affects one in every nine males who catch mumps after puberty compared with none who catch it before puberty.

It is only because most men have two testicles and only one is affected that total sterility is rare.

Most men would find that little consolation.

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Having a shrivelled testicle would carry psychological and practical consequences for any intimate physical relationship in adult life.

The message seems to be it is better for a child to catch mumps naturally before puberty.

Chapter 5

Rubella Mortality, England and Wales

As with mumps, rubella vaccination again takes the medical profession into the territory of the criminal law and unethical treatment of children.

A graph for rubella mortality is not included because death from rubella over the last century was so rare the figures are insufficient to plot a graph of any note.

Aside from a rash the adverse effects of rubella for children are minimal.

Vaccination against rubella is of no clinical benefit to a child particularly when compared to the risks of adverse vaccine reactions.

If a pregnant woman catches rubella infection during the first three months of pregnancy and the child survives, this poses a risk to the unborn child of being born with congenital rubella syndrome (CRS), involving multiple congenital abnormalities.

Prior to the introduction of rubella vaccine, the number of annual cases in the UK was small, around 50 per annum.

Additionally, 92% of rubella cases deliver normal healthy children: DANISH MEDICAL BULLETIN MARCH 1987 - WAVES Vol. 11 No. 4 p. 21 .

This small risk can also be reduced either by making sure all women have caught rubella as children or by vaccinating those who have not prior to puberty.

This minimises the exposure of children to the vaccine and hence to unnecessary risks of adverse vaccine reactions.

In comparison birth defects from any other cause are much higher:

"Birth defects affect about one in every 33 babies born in the United States each year.

They are the leading cause of infant deaths, accounting for more than 20% of all infant deaths.

Babies born with birth defects have a greater chance of illness and long term disability than babies without birth defects."

Birth Defects US Centers for Disease Control and Prevention - accessed 11th May 2008

To see how egregious is the exaggeration of risk from rubella in order to scare parents into vaccinating their children, see the following:-

False Government Rubella Scare Stories - Reply to Professor Louis Z Cooper 6 June 2005

Rubella Scares - Demonstrating the Figures are False 11 August 2005

Chapter 6

MORTALITY, LIFE EXPECTANCY, HEALTHCARE COSTS UK, USA AND WORLDWIDE

Does paying for healthcare bring you better health and a longer life?

No.

The following graphs show that in 1996, average life expectancy in the US was 18th of all countries, being 5 years less than Canada and behind the UK.

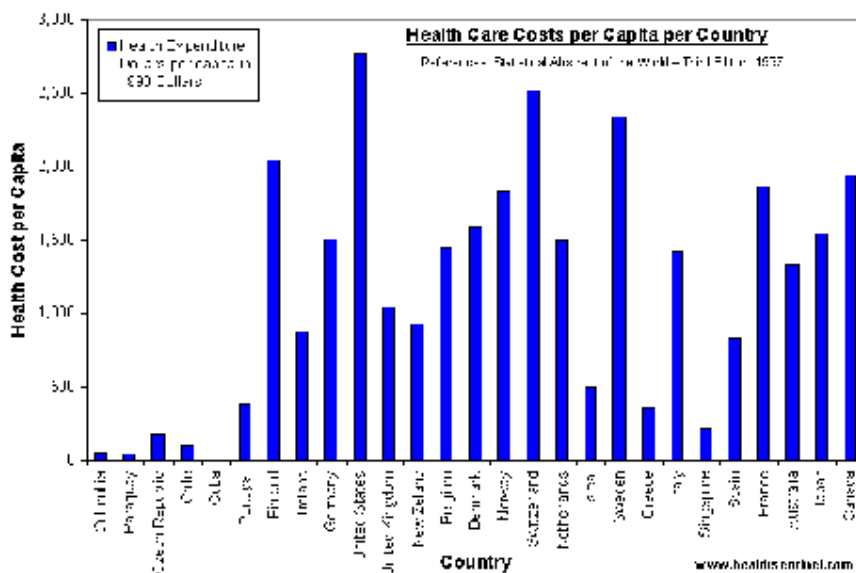
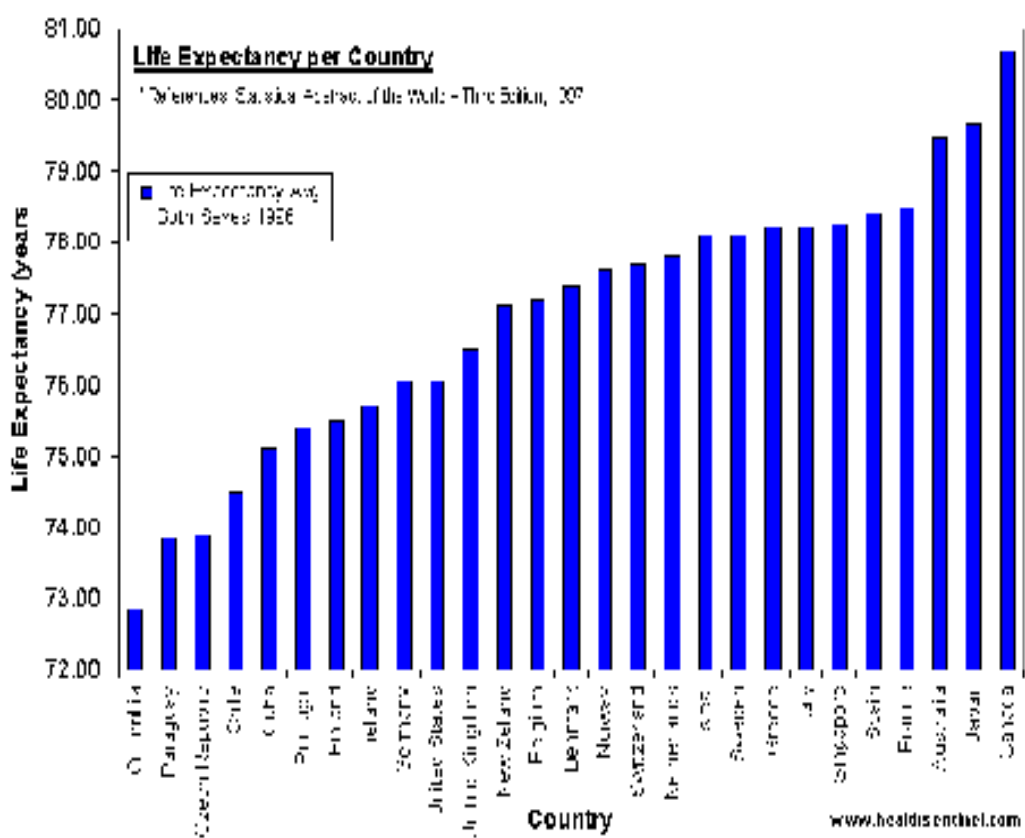
But Americans were paying per person US\$1000 or over 1/3rd more than Canadians and nearly 2/3rds more than the British.

And if you then take a look at the graphs of mortality, what were Americans getting for their money?

Mortality rates were falling anyway, regardless and kept on falling.

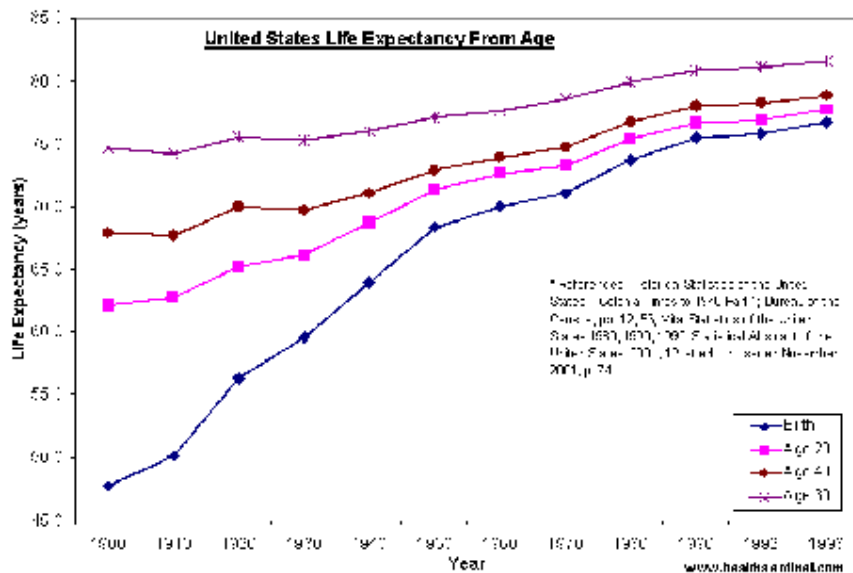
Life expectancy increased as time went by, but again substantially due to overall improved living conditions.

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World Healthcare Costs (\$) 1990 – Published: Roman Bystranyk

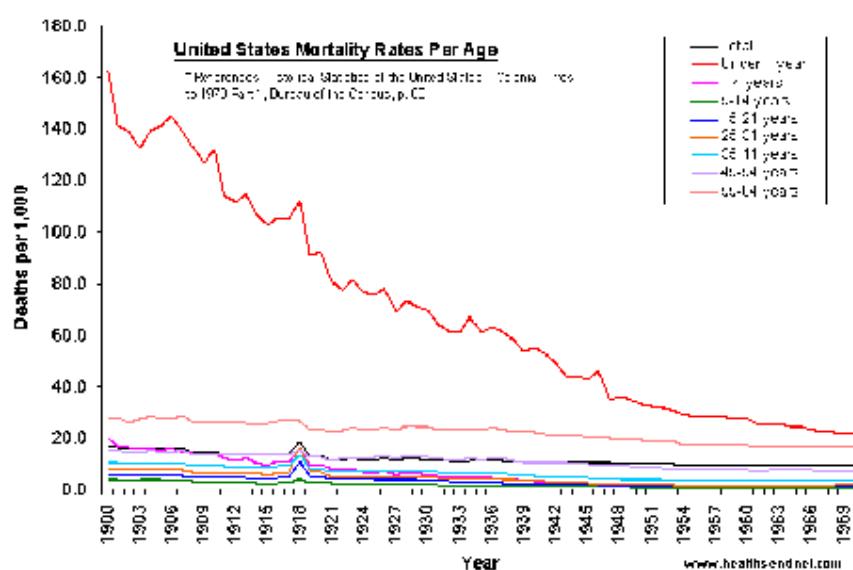
MEDICAL FASCISM



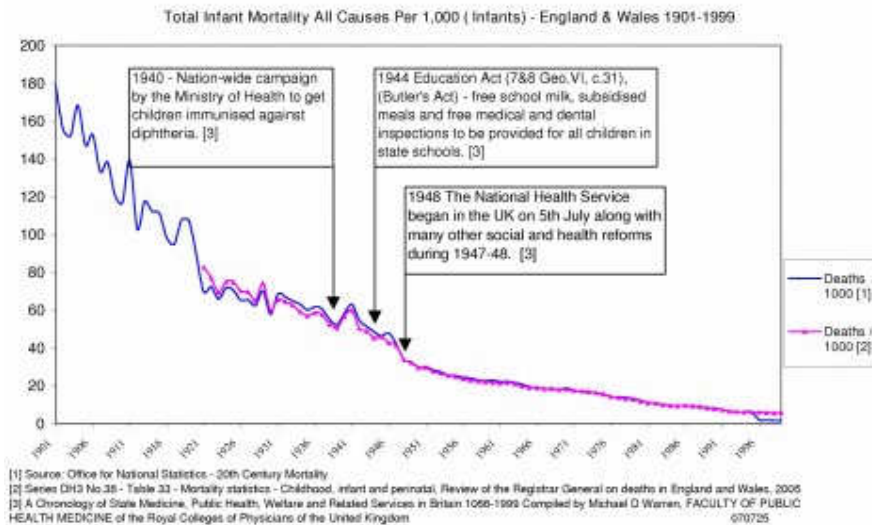
USA Life Expectancy by Age 1900 to 1998 – Published:
Roman Bystrianyk

Chapter 7

MORTALITY – USA AND UK



USA Mortality by Age at Death 1900 to 1970 – Published: Roman Bystrianyk

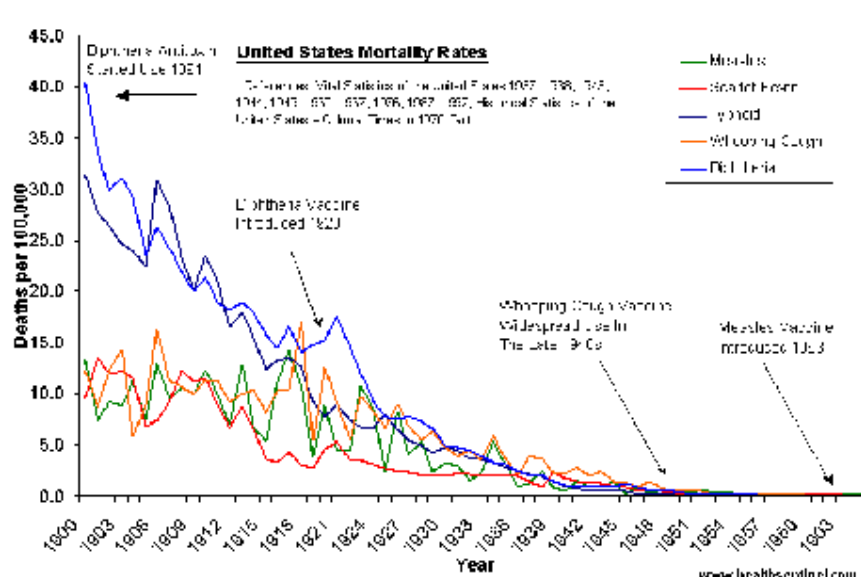


England & Wales Total Infant Mortality 1901 to 1999

Chapter 8

DISEASE MORTALITY UK, USA & AUSTRALIA

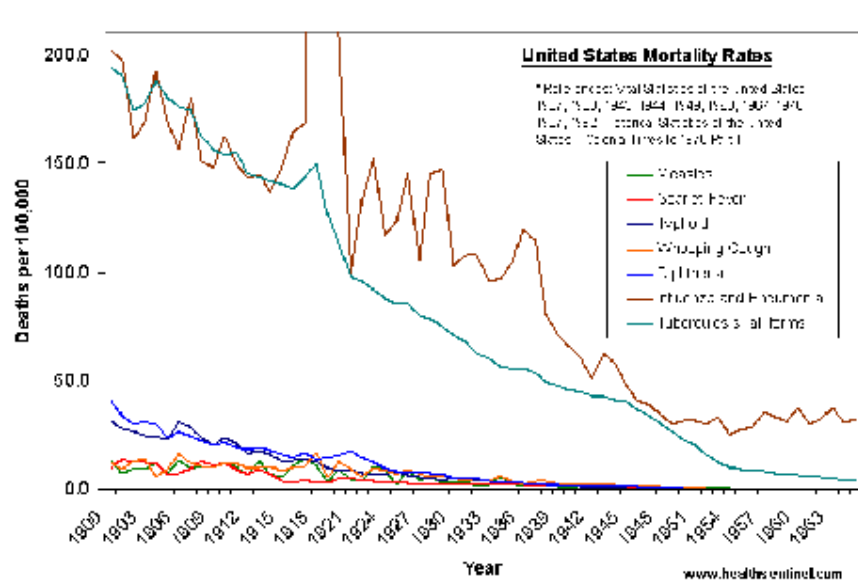
MEASLES, SCARLET FEVER, WHOOPING COUGH, TYPHOID, DIPHTHERIA, INFLUENZA, PNEUMONIA & TUBERCULOSIS



USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever – Published: Roman Bystrianyk

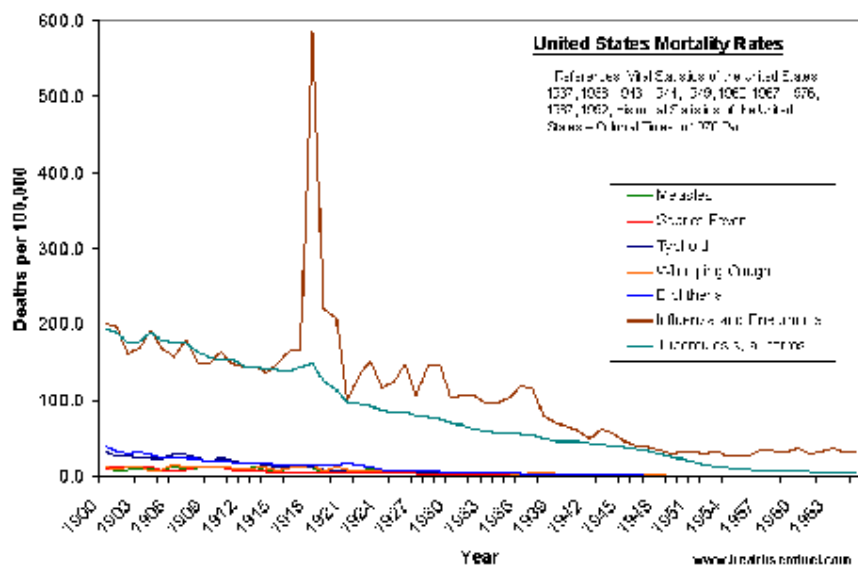
The following is the same USA graph as just above, but with Influenza and Tuberculosis Deaths included.

And you can see that Influenza deaths were not prevented by a vaccine – because for most of the period covered, there was no vaccine available at all and when it became available, it was not freely available until the present day – when guess what – ‘flu mortality had already plummeted – and guess what else – it does not work particularly well either – in fact so badly it may well be best avoided.

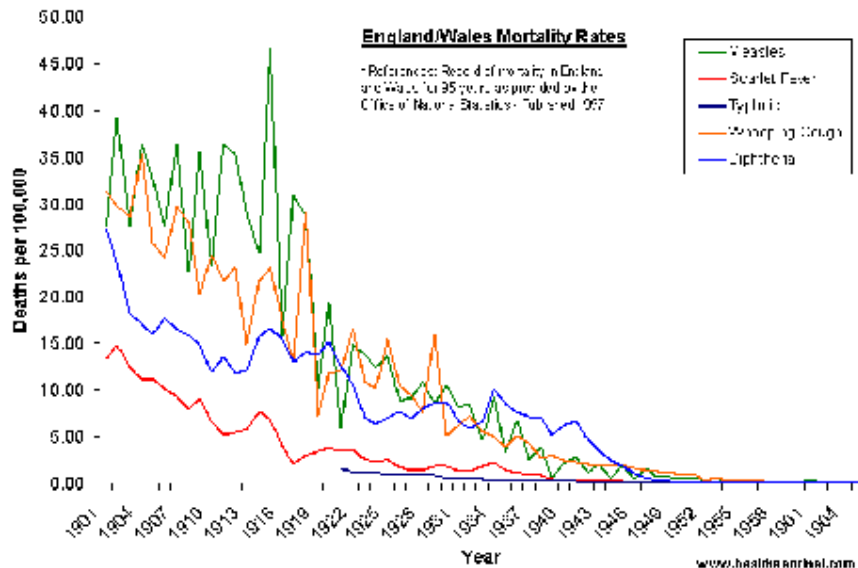


USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever, Influenza & Pneumonia, Tuberculosis – Published: Roman Bystrianyk

The following is the same graph as above but showing the full curve for influenza and pneumonia mortality.



USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever, Influenza & Pneumonia, Tuberculosis – Published: Roman Bystrianyk



UK Disease Mortality 1901 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever – Published: Roman Bystrianyuk

Chapter 9

DIPHTHERIA MORTALITY England, USA & Australia

WHOOPING COUGH (PERTUSSIS) MORTALITY – UK, USA & Australia

Here we see Diphtheria mortality falling all by itself.

In the UK, although the vaccine was introduced in 1940, most children particularly under 5 did not get it and there was a large catch-up campaign in 1945-6.

The under 5 age group are the most at risk from infectious disease.

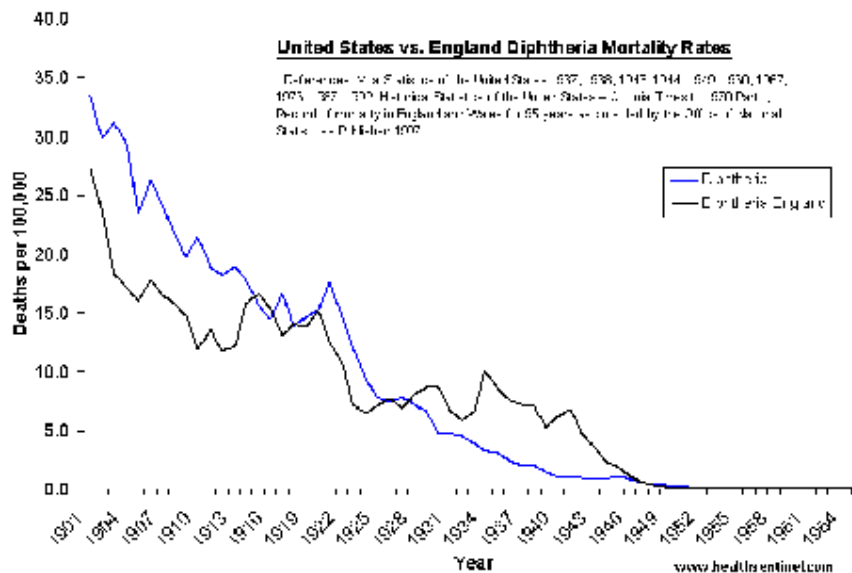
But can you see any difference in the rate of fall of mortality from Diphtheria after 1946 in the UK?

No?

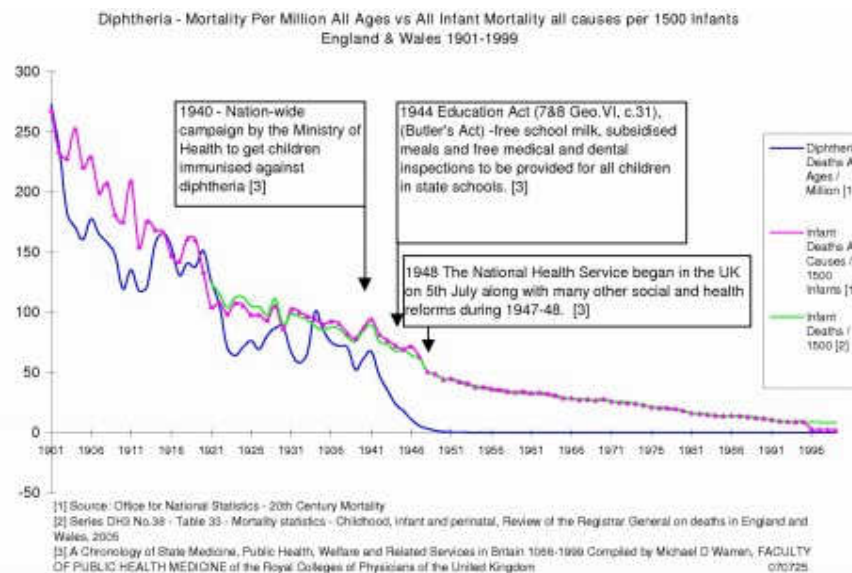
Surprised?

The “success” of diphtheria vaccine is another unscientific quasi religious faith of the medical professions which is not backed up by scientific data.

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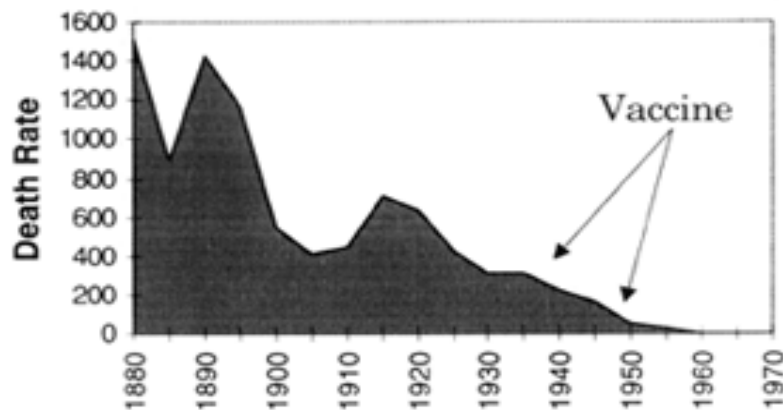
USA Compared to UK Diphtheria Mortality 1901 to 1965 – Published: Roman Bystranyk



England & Wales Diphtheria Mortality 1901 to 1999 – [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England

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Diphtheria



Australia Diphtheria Mortality Rates 1880 to 1970
[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book

Diphtheria vaccine was introduced to the UK in 1940.

It is certain beyond doubt that diphtheria vaccine played no part in the sudden fall in diphtheria mortality from 1941 to 1946 [see graph] .

The records show most children went unvaccinated **until after the major fall.**

The graph of total infant mortality as a benchmark also shows the vaccine made no discernible difference to diphtheria mortality at any other time.

By the end of 1941:-

“about 36 percent of school age children had been immunised but only about 19 percent of the younger children”: British Journal of Nursing October 1948 p121.

It was not until 1946-7 – after the substantial fall in diphtheria mortality had taken place that a major effort was made to vaccinate the children who had been missed.

969,000 children under 5 were “immunised”: British Journal of Nursing October 1948 p121.

With an annual birth rate in the region of 200,000 that represented most of the children born during 1941 to 1946.

So diphtheria vaccination could not have been responsible for the fall.

But we can identify what was most likely responsible.

We can see the impact of the social health and welfare reforms of 1944, 1947 and 1948.

Free school milk provided, among other nourishment, vitamin A to help children’s immune systems fight disease.

It is vitamin A which the World Health Organisation is keen to provide to third world children now for the same reason.

It can be seen that the benchmark decline in general infant mortality (ie. all causes of infant death) closely follows the decline in diphtheria mortality in the general population.

This again demonstrates that the decline in diphtheria mortality was part of a general trend and had little or nothing to do with the introduction of vaccination.

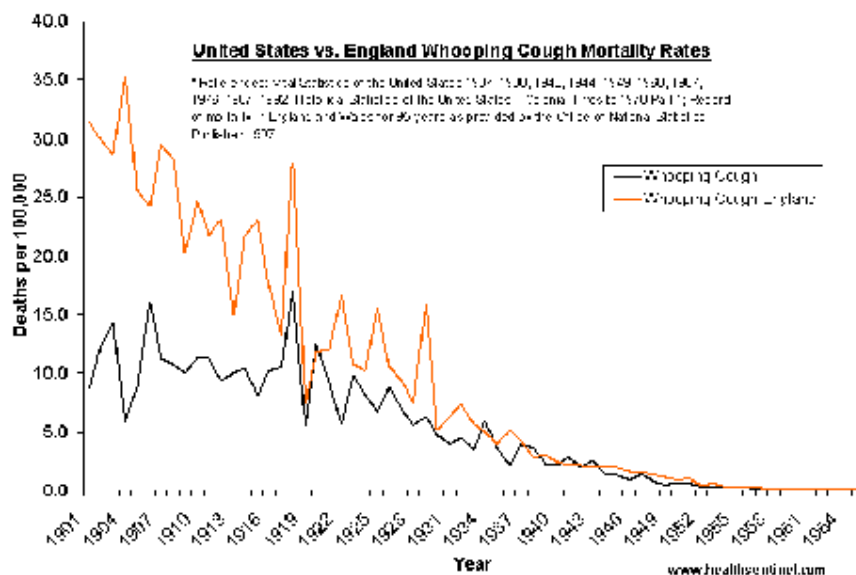
WHOOPING COUGH (PERTUSSIS) MORTALITY – UK, USA & Australia

Whooping Cough or Pertussis – again, the mortality rates fell substantially well before any vaccines were introduced.

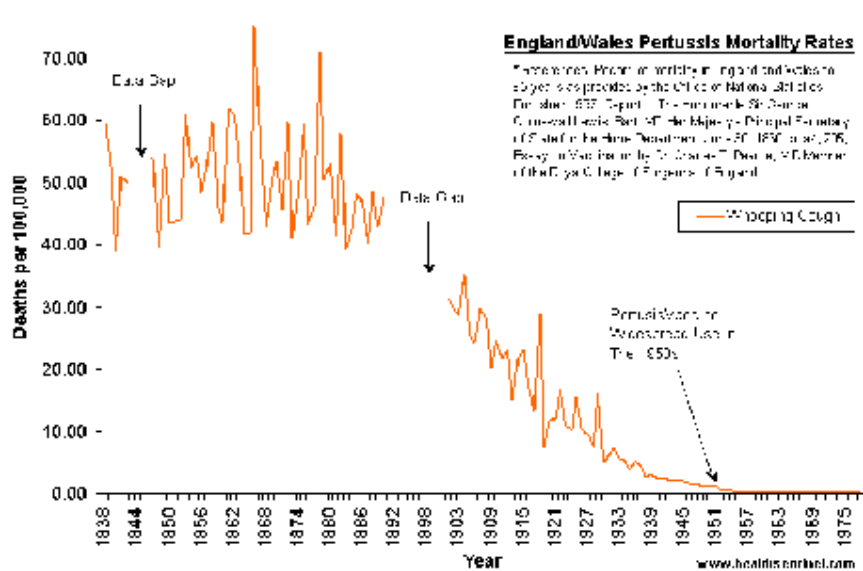
The contribution, if any, to overall health has been negligible.

The decline in general infant mortality closely follows the decline in Whooping Cough mortality in the general population.

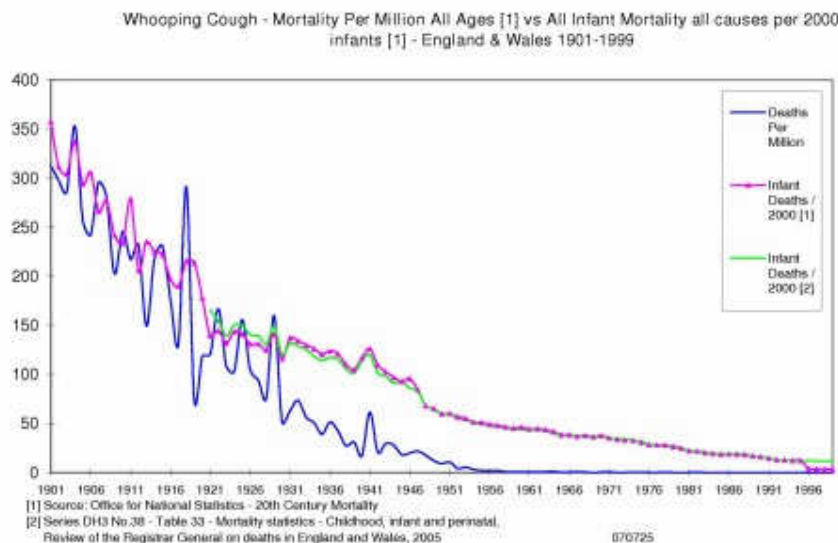
This again demonstrates that the decline in Whooping Cough mortality was part of a general trend and had little or nothing to do with the introduction of vaccination:-



USA Compared to UK Whooping Cough (Pertussis) Mortality 1901 to 1965 – Published: Roman Bystrianyk



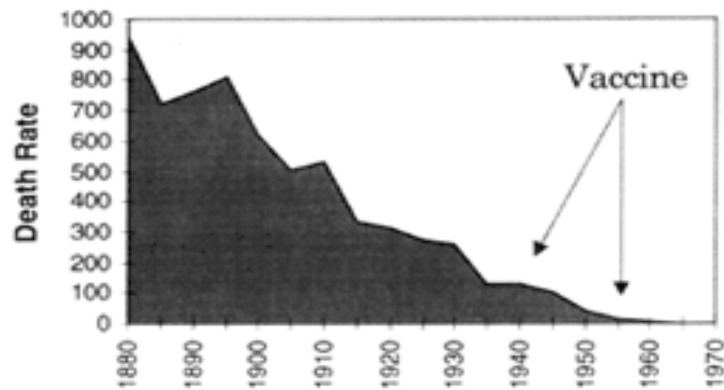
UK Whooping Cough (Pertussis) Mortality 1838 to 1978 – Published: Roman Bystrianyk



England & Wales Whooping Cough (Pertussis) Mortality 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England.

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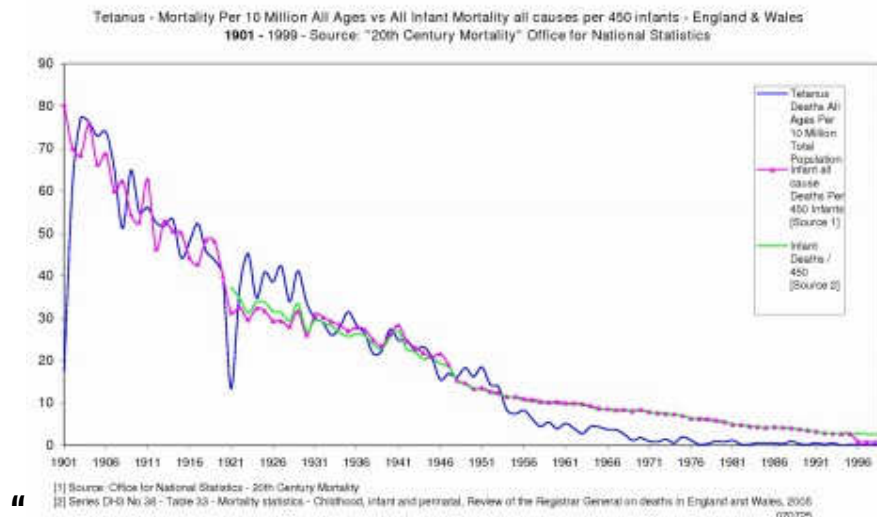
Whooping Cough



Australian Whooping Cough (Pertussis) Mortality 1880-1970 - [SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book

Chapter 10

Tetanus Mortality – England & Wales 1901 to 1999



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Tetanus Mortality England & Wales 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England]

Tetanus Mortality England & Wales 1901 to 1999

This graph demonstrates that the administration of tetanus vaccine is likely to be pointless and puts children especially at risk of adverse reactions to the vaccines.

There is only one respect in which modern medicine could have had an indirect effect.

This came with the social reforms of 1947-48 which saw the introduction of the National Health Service.

Coupled with this was the start of the reduction in numbers of farm workers with the start of increased mechanisation and industrial scale farming in Britain after the 1939-1945 World War.

The numbers of farm labour fell by half post war and the increase in mechanisation also reduced the chances of the injuries which were likely to result in tetanus. Fewer agricultural workers coupled with better access to healthcare would result in better treatment of wounds.

Tetanus thrives in deep wounds which are not properly cleansed.

So by having fewer agricultural workers and better wound care could reduce the incidence of tetanus cases.

So if the reduction in tetanus mortality in the 1950s is anything other than part of the continuing decline with better standards of living, those two reasons are the most likely explanations.

Chapter 11

SMALLPOX MORTALITY-UK, USA & SWEDEN

In the graphs notice the large numbers of deaths caused by the smallpox vaccine itself.

By 1901 in the UK, more people died from the smallpox vaccination than from smallpox itself.

The severity of the disease diminished with improved living standards and was not vanquished by vaccination, as the medical "consensus" view tells us.

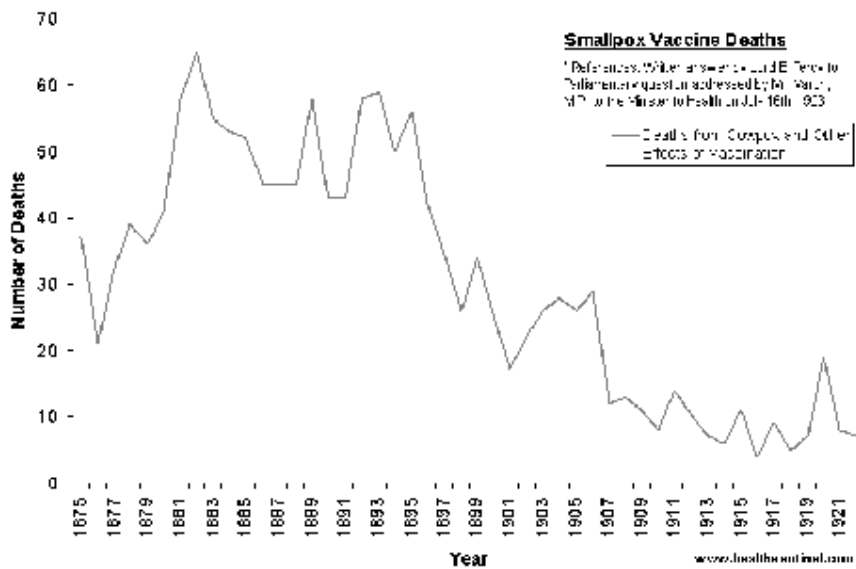
Any vaccine which takes 100 years to "work" is not.

On any scientific analysis of the history and data, crediting smallpox vaccine for the decline in smallpox appears misplaced.

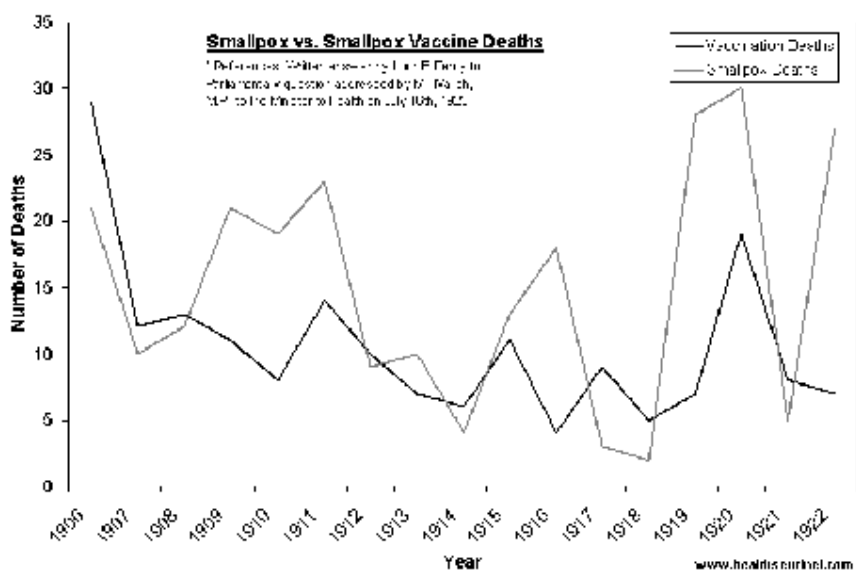
When during 1880-1908 the City of Leicester in England stopped vaccination compared to the rest of the UK and elsewhere, its survival rates soared and smallpox death rates plummeted [see table below].

Leicester's approach also cost far less.

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UK Deaths Caused by Smallpox Vaccination 1875 to 1922 – Published: Roman Bystryanyk



UK Deaths from Smallpox Vaccine Compared To Smallpox Mortality 1906 to 1922 – Published: Roman Bystryanyk

Extracts from "LEICESTER: Sanitation versus Vaccination" By J.T. Biggs J.P.

MEDICAL FASCISM

TABLE 21

SMALLPOX FATALITY RATES, cases in vaccinated and re-vaccinated populations compared with “unprotected” Leicester – 1860 to 1908.

Name.	Period.	Small-Pox. Cases	Small-Pox. Deaths.	Fatality-rate per cent. of Cases
Japan	1886-1908	288,779	77,415	26.8
British Army (United Kingdom)	1860-1908	1,355	96	7.1
British Army (India)	1860-1908	2,753	307	11.1
British Army (Colonies)	1860-1908	934	82	8.8
Royal Navy	1860-1908	2,909	234	8.0
Grand Totals and case fatality rate per cent, over all		296,730	78,134	26.3
<u>Leicester (since giving up vaccination)</u>	<u>1880-1908</u>	<u>1,206</u>	<u>61</u>	<u>5.1</u>

Biggs said “In this comparison, I have given the numbers of revaccinated cases, and deaths, and each fatality-rate separately and together, so that they may be compared either way with Leicester.

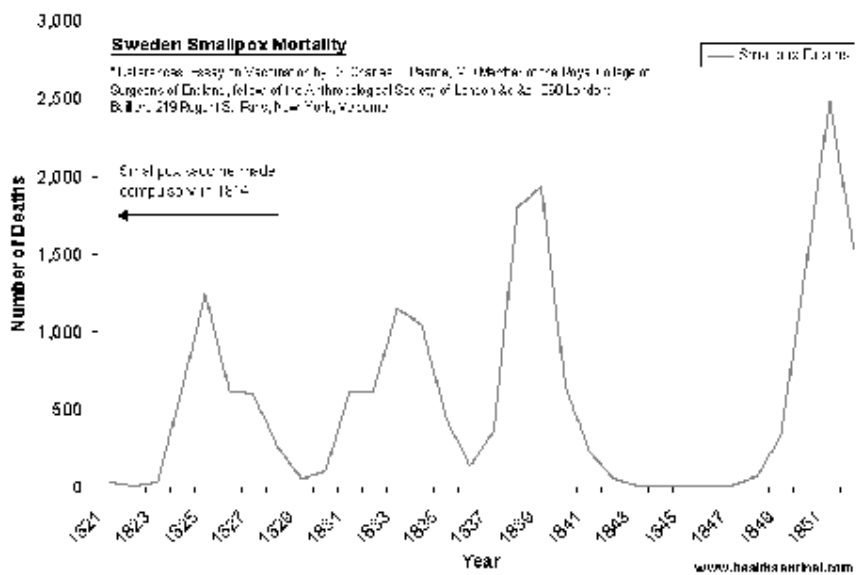
In pro-vaccinist language, may I ask, if the excessive small-pox fatality of Japan, of the British Army, and of the Royal Navy, are not due to vaccination and revaccination, to what are they due?

It would afford an interesting psychical study were we able to know to what heights of eloquent glorification Sir George Buchanan would have soared with a corresponding result—but on the opposite side.”

TABLE 29.

Small-Pox Epidemics, Cost, and Fatality Rates Compared

	Vaccinal Condition	Small-Pox Cases	Small-Pox Deaths	Fatality-rate Per Cent	Cost of Epidemic
London 1900-02	Well Vaccinated	9,659	1,594	16.50	£492,000
Glasgow 1900-02	Well Vaccinated	3,417	377	11.03	£ 150,000
Sheffield 1887-88	Well Vaccinated	7,066	688	9.73	£32,257
Leicester 1892-94	Practically Unvaccinated	393	21	5.34	£2,888
Leicester 1902-04	Practically Unvaccinated	731	30	4.10	£1,602



Sweden Smallpox Mortality Rates 1821 to 1852 –
 Published: Roman Bystrianyk

Conclusion

As you can see and read above, Governments The Mainstream Media, Drug Companies have been lying for years about Vaccines and falsifying their research so as to push Vaccines for Drug Companies so they can make profits.

Many times these drug companies pay researchers, doctors and political parties off to agree and push their products.

Beware of what you take and find out everything which is made & put in any Vaccines you take today.

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The End

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<http://southeastasianews.org>

<http://how911wasdone.com>

<http://binladden.blogspot.com/>

<http://www.alqaedadoesntexist.com/>

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